

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Sep 09, 1999 8:00 am
Secretary of State

09-09-1999 90005 016 ***550.00

DOCUMENT # P9800006450S
Corporation Name
American Blowers Institute of Florida

Principal Place of Business
491 Ulmerton Rd Suite #1
Arco Florida 34641

Principal Place of Business
Same
Suite, Apt. #, etc.
26
City & State
27
Zip
25 Country
29 Country
30

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
10/1/98
4. FEI Number
91-1922986
Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required
6. Election Campaign Financing ☐ \$5.00 May Be
Trust Fund Contribution Added to Fees
8. This corporation owes the current year intangible
Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

Richard Smith
491 Ulmerton Rd #1
Arco, FLA 34641

10. Name and Address of New Registered Agent

81 Name
Same
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 85 Zip Code

Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

8/31/99

OFFICERS AND DIRECTORS

		<input type="checkbox"/> DELETE
E	PRESIDENT	
IE	<u>G. Richard Smith</u>	
EET ADDRESS	<u>491 Ulmerton Rd #1</u>	
-ST-ZIP	<u>Arco FLA 34641</u>	
E	TREASURER	
IE	<u>GARY R. Smith</u>	
EET ADDRESS	<u>491 Ulmerton Rd #1</u>	
-ST-ZIP	<u>Arco FLA 34641</u>	
E	SECRETARY	
IE	<u>Michael Harris</u>	
EET ADDRESS	<u>491 Ulmerton Rd #1</u>	
-ST-ZIP	<u>Arco FLA 34641</u>	
E		
IE		
EET ADDRESS		
-ST-ZIP		
E		
IE		
EET ADDRESS		
-ST-ZIP		
E		
IE		
EET ADDRESS		
-ST-ZIP		

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
1.1	TITLE		
1.2	NAME		
1.3	STREET ADDRESS		
1.4	CITY-ST-ZIP		
2.1	TITLE		
2.2	NAME		
2.3	STREET ADDRESS		
2.4	CITY-ST-ZIP		
3.1	TITLE		
3.2	NAME		
3.3	STREET ADDRESS		
3.4	CITY-ST-ZIP		
4.1	TITLE		
4.2	NAME		
4.3	STREET ADDRESS		
4.4	CITY-ST-ZIP		
5.1	TITLE		
5.2	NAME		
5.3	STREET ADDRESS		
5.4	CITY-ST-ZIP		
6.1	TITLE		
6.2	NAME		
6.3	STREET ADDRESS		
6.4	CITY-ST-ZIP		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/31/99

Date

480-837-6810

Daytime Phone #

CR2E034 (11/98)